064

E

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12372

		12385		CERT	IFIC	ATE OF DEATH			Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY Calvert MARYLANE					YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Calvert						
	b. CITY OR TOWN (If RURAL and give new Prince Fre	orest town)	ts, write	c. LENGTH OF STAY	'IN 1b	c. CITY OR TOWN (If or	otside corpo	rote limits, write RU	RAL ond	give nec	arest town	1)
	OR INSTITUTION	AL (If not in hospitol, g		oddress)		d. STREET ADDRESS						IDENCE FARM? NO
	NAME OF DECEASED (Type or print)	Maude Br	rooks	Middle		Last	4. DATE OF DEATH	November		Do		Yeor 19 59
I	sex Female	6. COLOR OR RACE Negro	WIDOWE	DIVORCE	D		1889	70 59 yrs.	Months	Doys	Hours	R 24 HRS. Min.
	Housewi:	ing life, even if refired	done 10b.	KIND OF BUSINESS (OR INDU	STRY 11. BIRTHPLACE (Slole of Maryland		ountry)		USA	F WHAT	COUNTRY
	William (O				14. MOTHER'S MAIDEN N. Ella		m				
		If yes, give wor or dates of s	ervice)	SOCIAL SECURITY NO 6-22-2319[Goldie Hall,	Lusby	Addre Md.	\$5			
		TH [Enter only one co TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o	, +	e for (o), (b), and (c)	4.	- UREM	iA.	. ~			RVAL 8E ET AND	
	Conditions, if on gove rise to in	mediate (1			MELLI	TU.	5				
NO	lying couse lost. PART II. OTH	ne <u>Onder-</u>)			NOT RELATED TO THE TERMIN	AL DISEAS	E CONDITION GIVE	N IN PAI	2T 1(o) 1	9. WAS	AUTOPSY
CERTIFICATION	20a. ACCIDENT WAS					D. (Enter noture of injury in P						RMED?
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While of work	Not while of work	fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City			County)		(Stote)
	21. I certify the	at I attended the	decease	6	death	occurred at 755	M, fran	n the causes ar				
į	ACTUAL SIGNATURE	(Can	ell	anel'	2	M.D	DDRESS (S	lreet city or town, st Lema	rd	_	11/	TO SIGNE
	munce con a suc		4		2011						/	

PHYSICIAN'S NAME (Type) 220 SURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF

VILLARREBC 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

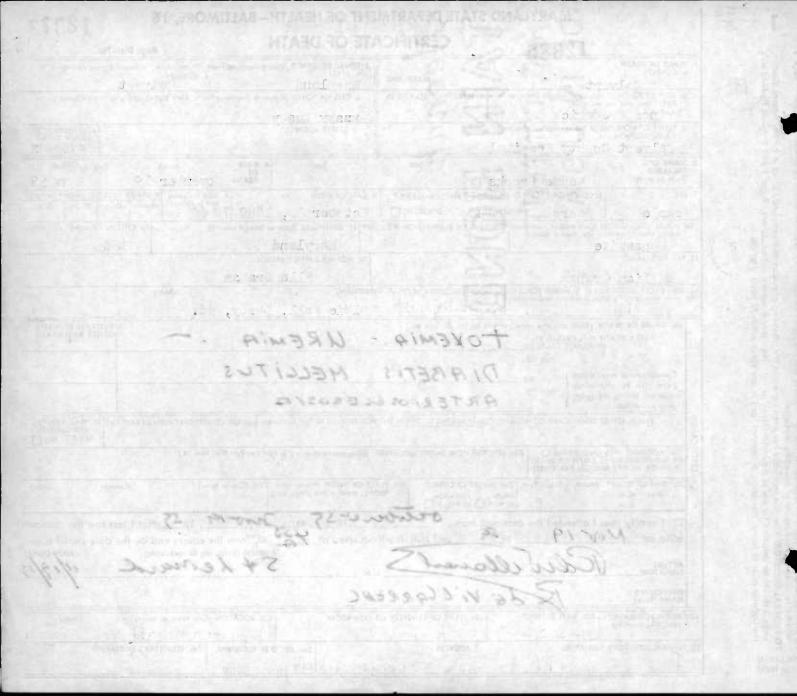
ADDRESS

24a. REC'D 8Y REGISTRAR DATE NOV 2 5 159

24b. REGISTRAR'S SIGNATURE

VS A1S (4) 1SM 10/S7

TO HOSFITAL OF



	The bottom copy may be retained by the hospital or attending physician.	•
2	TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. A	death. A
	certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy	ird copy
	death certificate assembly should be detached for use as a burial transit permit.	
25	VS AISC 1-55 10M	

DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12373

12386 CER	IIFICATI	e OF DEA	Reg	. Dist. No
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DEC	EASED
COUNTY Calvert	MARYLAND	STATE Md.	COUNTY	Calvert
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (il outsida corpora	ate limits, write RURAL end	
OR end give neerest town) TOWN Prince Frederick	7 days	OR TOWN Hunt	ingtown, M	a
HOSPITAL OR	11 gays	STREET	(If rurel give I	
STREET ADDRESS Calvert County		/ ADDRESS		
DECEACED	(Middle)	(Last)	4. DATE (Month)	
(Type or Print) Leander	-) Ch	lew ·	DEATH NO	v. 2, 1959
S. SEX 6. COLOR OR 7. SINGLE, MARRI	ED, 8. DATE	OF BIRTH 9		F UNDER 1 YEAR IF UNDER 24 HRS
M RACE C WIDOWED, DIV (Specily) Ma		27, 1910	49 yrs. A	Aonths Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b. KIN	D OF BUSINESS	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT
	INDUSTRY Same	Calvert Co	unty Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		O I D I A
Howard Chew		Laura Bl		
	SOCIAL SECURITY NO.	17. INFORMANT & A		Chew- 253-E.
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Unknewn			elphia 19. Pa
no i	18. MEDICAL CE		o., Illiad	INTERVAL BETWEEN
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	deo Vascu	lar renal d	lorge	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19e. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home	form factory	21c, WHERE DID INJURY OCCUR	? (City or town)	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of ITEM OF ITE	office bldg., etc.)	zie. Wiene Did Work Occor	, (city of lowing	(county)
		211. HOW DID INJURY OCCUR		
22. I hereby certify that I attended the decea	sed from Le _ 1.0	, 19 7 Cz., to 2. 20	sec , 1959	that I last saw the deceased
alive on MAN, 1959, and SIGNATURE	that death occurred a	M, from the ca	euses and on the dates (Street, city, town,	e stated above.
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OF	R CREMATORY	LOCATION (City, town,	or county) (Slate)
Burial 11/5/59	Patuxent C	hurch Cem.	Huntingto	wn, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE NOV 6 159 Crithung S. Frau				
DATE NOV 6 '59 Critical & Phrase	,a	Kerry 6,5	ErryHunti.	ngtown Md
		17		

CECTIFICATE OF DEATH

	SAME SAME		4.1 174.24 32 4 3	PROCE	
		. O'A mare IV	control N		
			The state of the s		
	JE, MEDISTENS				
			,		
	MARKET MARKET NO. OR				
			. The state of the		
	The second second second	Tanan 78			
					Salar south Th
, =	mountain the teacher				
			(1) (1) (1) (1) (1) (1)		
OFFICE STATE					amorason =
	e e e e e e e e e e e e e e e e e e e	. audishonily	Detail 10.53		

VS A15 (4) 15M 10/57

1	X
d with	M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12374

	12387	3 1	CERTIFIC	ATE OF I	DEATH			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY				o. STATE			ed. If institution	on: Residence	before oc	imission)
	vert		MARYLAND	M	arylar	nd	b. CO0/411	Calve	rt	
b. CITY OR TOWN (If o RURAL and give near		its, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If ou	tside corporate	limits, write RI	URAL and giv	e nearest	town)
Prince Fre	derick		3 hours	X Cove	Point	Beach	. P.O.	Lusby		
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital.	give street	address)	/d. STREET					e. IS	RESIDENCE
	lvert Co	intv I	Hospital							S PO NO I
3. NAME OF		rst	Middle	Lo		4. DATE	Mon			Year
DECEASED (Type or print)					"	OF DEATH			Day	
	. COLOR OR RACE	7	IED NEVER MARRIED	B. DATE OF BIRT	ru .		Novem		ZEAP IE II	19 59 INDER 24 HRS
						7.	AGE (In years last birthday)		ays Ho	
Female	White	WIDOWE		9/28/			63 уп.			
during most of working	life, even if retired	done lub.	KIND OF BUSINESS OR INDI	USIKY II. BIRTHP	LACE (State o	r foreign count	77)	12. CITIZI	N OF W	HAT COUNTR
Housewife						n, D.	J.	U	.S.A	
3. FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME				
William Ar	derson			Fa	nnie I	ittlef	ord			
5. WAS DECEASED EVER II	U. S. ARMED FOI		SOCIAL SECURITY NO. 17.	INFORMANT			Addr	ess		
Unknown	es, give wor or ocide or	er ordel		John Dal	v	Cove	Point	Beach.	Lush	ov. Md.
	Enter only one co	ouse per lin	ne for (a), (b), and (c).]	1						L BETWEEN
PART I. DEATH	WAS CAUSED BY:	(12)	anone o	xx11,0	10	-/			ONSET A	ND DEATH
420.1	AMEDIATE CAUSE (so now of	cierc	aceo	-u	\		_3_1	nours
1	DUE TO)								
Conditions, if ony, gove rise to imm)								
couse (o), stoting the										
lying couse lost.) (c)(c)								
PART II. OTHER 20a. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	SIGNIFICANT CON	iditions <u>c</u>	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO	O THE TERMIN	IAL DISEASE CO	ONDITION GIV	EN IN PART 1	PE	AS AUTOPSY REORMED?
	INDERLYING [] CAUSE OF DEATH DICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature o	of injury in Po	ort I or Part II	of item 18.)			
20c. TIME OF INJURY Hour o. m.		ar 20d. IN	JURY OCCURRED 20e. P	LACE OF INJURY (octory, street, office	(Hame, form, e bldg., etc.)	20f. (City or	town)	(Cou	inty)	(State
p. m.	19	of work	at work							
21. I certify that	I attended the	decease	ed from 5 now	19 5	2 to 5	nou		that I las	st saw t	he deceas
olive on J	sope	. 19	ond that deat	h occurred of	430	M from th	an course o	nd on the	data	tated about
TO	(1)	,	7-,-, 0.10 11101 0001	/ ^	A	DDRESS (Street	city or Jown,	state)	ogie 2	DATE SIGN
ACTUAL	1000	11	11	14	111	Viii	-/11	-	800	-/11/
SIGNATURE				M.D			2200-11	172	10/	7
PHYSICIAN'S DY	Canno	T TAT	nome W D		Ifam+4-			Men	-7 -7	
			eems, M.D.		Huntir				ylan	<u>a</u>
20. BURIAL, CREMATION, REMOVAL (Specify)			22c. NAME OF CEMETERY			22d. LOCATION	(City, town, o	r county)	(Stote)
	11-9-5	9	Cedar Hi	.11	211	Su	itland	, Md.		
3. FUNERAL DIRECTOR'S S			ADDRESS			BY REGISTRAR		TRAR'S SIGN	10	
Lee Fur	eral Ho	me.	Washington :	D.C.	DATE NO	V 1 0 '59	C	than I.	Tracks	

	MATITIAND STATE DEPARTMENT OF HEALTH ARTHMETE							
170	HTAJO 10 ST							
			⁷⁶ 1					
	Tarter military							
	(North anto aro)	Control Control						
TT TO	+00 H () () () ()							
		Tripped Tri						
, walles , was a	records of shirt will asset							
Heal Hood no of E								
	, i., + 2+m	T.W. enon		Lings				
	and the state of t							
	of the Martin Art and		THE DOOR					

1	2	3	7	5
_		-		

19200

CERTIFICATE OF DEATH

		16000							Reg. Dist	. No.	
	PLACE OF DEATH a. COUNTY	0.7		MARYLA	11	USUAL RESIDENCE (\		d lived. If instituti b. COUNTY	ion: Residence	before a	dmission)
	RURAL and give n	earest town)	C. LEIN	IGTH OF STAY IN	16	c. CITY OR TOWN (I	t autside carpo	orate limits, write R	URAL and gi	ve nearest	town)
P	rince Free	derick		3 hour	s >	Solom	ons				
	OR INSTITUTION	TAL (If not in hospital, give			1	d. STREET ADDRESS					S RESIDENCE ON A FARM? ES NO [
1	NAME OF	First		Middle		1	TA DATE				
	DECEASED (Type or print)	Mary		Middle		Files	4. DATE OF DEATH	Mov	ember	Day	Year
5.	SEX	6. COLOR OR RACE 7.	MARRIED [NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF	UNDER 24 H
_	Female	White w	DOWED 😿	DIVORCED [□ Ma	rch 10, 1		85 yrs.	Months D	Days He	ours Min
100	during most of wor	ON (Give kind af wark don- king life, even if retired)	e 10b. KIND C	F BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Sto	te ar fareign c	ountry)	12. CITIZ	EN OF W	HAT COUN
	Housew		Ha	ME		Marvla	nd		11	S.A.	
13.	FATHER'S NAME				14	. MOTHER'S MAIDEN				au an	
1	John Rail	Ley				Mary Fran	ices #	1935 Lus	by		
15.	WAS DECEASED EVE	ER IN U. S. ARMED FORCES	? 16. SOCIAL	SECURITY NO.	17. INFO			Add	ress		
(1.6	No.	(If yes, give wor or dates of service	No		Geo	rge Edward	d Files	. Solomo	ns. Md		
	IB. CAUSE OF DE	ATH [Enter only one couse	per lipe for (c	o). (b), and (c).]						INTERVA	AL BETWEEN
		ATH WAS CAUSED BY:	Care	elast	4	mort	week			ONSET	AND DEATH
	33/X DUE TO						7			2	hours
	Carried Colleges										
	Conditions, if a		Dem	wings	0 0	rucu-s	cera				
	cause (o), stating			V							
	lying couse lost.) (c)									
O	PART II. OT	HER SIGNIFICANT CONDIT	ONS CONTRIB	BUTING TO DEATH	BUT NOT	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	(a) 19. V	VAS AUTOPS
3											S NO
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING (1) 200 G (1) CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE H	OW INJURY OCC	URRED. (E	nter nature of injury i	n Part I ar Par	t II of item 18.)			
CAL	20c. TIME OF INJUR	RY Month, Day, Year	20d. INJURY C	OCCURRED 20	e. PLACE	OF INJURY IHame, fo	rm. 20f. (City	or town)	1Co	ounty)	(Stat
MEDICAL	Hour a.m.		While No	ot while work	factory,	street, office bldg., e	Hc.)		(60	,,	(3.0.
		nat I attended the de	ceased fra	m nov	8	, 1959, to	nos	8 1059	,that I la	et saw	the doces
	alive an TO	W 8	1953	, and that de	eath ac	2 -16	M from	n the causes o			
		D.			>			treet, city or lawn.		, date s	DATE SIG
	ACTUAL	Cawill	ane	al	>	<	7+	Lom	and		11/2
	SIGNATURE	7) 1			M.D.						
	PHYSICIAN'S NAME (Type)	Rde	VIZL	ARREAL	- M	D	51	LLeon	rark		
220	BURIAL, CREMATIC	N, 22b. DATE THEREOF	22c. N	AME OF CEMETE	RY OR CR	EMATORY	22d. LOCA	TION (City, town,	or county)		(State)
1	surial	Mr. 11,19	57 10	1 ours	net	welest	delar	nono -	Calnes	16	- ma
23.	FUNERAL DIRECTOR	'S SIGNATURE	1	DDRESS	15	24a. RE	C'D BY REGIST	RAR 24b. REGIS	STRAR'S SIGN	IATURE	
4	1. (1. 1000)	kness Lan	1 - n	ulus	16	Lef. DATE	JY 1 2 33	Cost	·M &. 76	and	

may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by incitioneral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the registror prior to buriol, cremation, or remayal, and in any event within 72 hours offer death. death: Page 4 TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of TO HOSPITAL OR

06

VS A15 (4) 15M 10/57

		HO STATE DEPARTM		
	HTARD TO ST		ange 1	
	to the standard property of the standard standar			14
	0.10, 10.501			
		The Control of	world was of Secretary	
**************************************	44 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -			
	ę	Carpente Same		
The state of	of her sentence of the		70.26	
			0	
	artery 1°C leaved			
And The Age	STATE OF THE STATE	Market Company	Charte	
Romand's The	4D - SY K	VIZZ BEREEUE	36 % 500	
		A STATE OF		

M

may be retained. The haspitol or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremotian, or remayal, and in any event within 72 hours ofter death.

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

-4	0	9	17	C
1	N	J	4	6

1	0	2	0	O
1	50	J	0	9

CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH Calvert MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY alvert
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Level Frederich	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
+	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Colored to Hospital	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Tilliam Suy 7.	Hardesly 4. DATE Month Doy Year Jardesly DEATH Nov 25 195-9
	Male White WIDOWED BIVORCED	8. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Turming Turming	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Mary land H. S. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME FRENCES HARRISON
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	NES Suy Hardisty, Juntingtour to
0	gave rise to immediate couse (a), stating the under lying couse last. Past II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	MATOSIS - DE LA JERA TODO NET AND DEATH NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		O. (Enter nature of injury in Part I or Part II of item 18.) ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While of work 19 of work 19	tary, street, affice bldg., etc.)
1	21. I certify that I attended the deceased from surgery alive on POT 25, and that death ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type)	accurred at 7:45 M, fram the causes and an the date stated abave. ADDRESS (Street, city or town, state) DAJE SIGNED W.D. FINAL TOWN 25, 1949, that I last saw the deceased accurred at 7:45 M, fram the causes and an the date stated abave. ADDRESS (Street, city or town, state) DAJE SIGNED TOWN 25, 1949, that I last saw the deceased accurred at 2.5 M, fram the causes and an the date stated abave. ADDRESS (Street, city or town, state) DAJE SIGNED
	220. BURIAO CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 1 - 28-59 mma	CCREMATORY 22d. ACCATION (City, town, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 245. DATE DEC 1 '59 Carthury S. Kraus

TANK A	15 . 121/2				
			98 (000		
			3		
	(2) 25 mg	72	Section 19	3.	
the second second	CT 57 27	Zin tervena	Section 19	27 70	
	CT 57 27	Z	10m 15	Varial	And and a second
	CT 57 27	Z	Sama Bank	Varial	

VS A1S (4) 1SM 10/S7

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

sath: Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12390

CERTIFICATE OF DEATH

12377 Reg. Dist. No.

M)	1. PLACE OF DEATH o. COUNTY Cabrel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission of STATE True! b. COUNTY Calmed	an)
	b. CITY OR TOWN (If outside carporate limits, write pura and give parest tawn) A. Frederick 2 wk	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	
064	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cabrie & Country Hospital	d. STREET ADDRESS e. IS RESI ON A YES	FARM?
	3. NAME OF DECEASED (Type or print) Usafelle Middle) OF	eor 959
	S. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Opus 5 18 79 9. AGE (In years lift UNDER 1 YEAR IF UNDER light birthday) 8. DATE OF BIRTH Opus 5 18 79 9. AGE (In years lift UNDER 1 YEAR IF UNDER lift UNDER l	R 24 HRS. Min.
/	10a. USUAL OCCUPATION (Give kind af wark dane uring most af working life, even if retired)	USTRY 11. BIRTHPICE (Stole or fareign country) 12. CITIZEN OF WHAT (COUNTRY
I	13. FATHER'S NAME Lettleton Concliff	Bessie Parleton	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. (It yes, give mor or dotes of service) (It yes, give mor or dotes of service)	the & Mattinder - Balto, ma	0
	18. CAUSE OF DEATH [Enter anly ane couse per line for (g), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ia - Interval BET	WEEN
	Canditians, if any, which) (b) General	yed certains-sclains	
	gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c)	Bladder E?	
a	CAII	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOR	MED?
	20a. ACCIDENT WAS UNDERLYING CORE 20b. DESCRIBE HOW INJURY OCCURIOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II af item 18.)	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. I While Not while at work at work	PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) octory, street, affice bldg., etc.)	(State)
	21. I certify that I attended the deceased from 11-11 alive on 25, 1959, and that deal	th accurred atM, from the causes and an the date state.	
	ACTUAL SIGNATURE CONTROL		TE SIGNED
1	PHYSICIAN'S NAME (Type) - REVILL	AKKEAL MY	>,
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY Several 27, 1957	OR COMMATORY 22d. LOCATION (City, town, or county) (Stote) Wethods of Solomore Calvertle - May	A
2	23. FUNERAL DIRECTOR'S SIGNATURE LONG TOURESS CONTROLLED	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	

2 1 1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12391 CERTIFICATE OF DEATH with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) filed a. COUNTY b/COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside/corporate limits, write RURAL and give negrest town) RURAL and give nearest town! shavid d. NAME OF HOSPITAL (If not in hospital, give street address) /d. STREET ADDRESS OR INSTITUTION þ puo NAME OF Middle 4. DATE Last DECEASED OF (Type or print) 5. SEX 9. AGE (In years last birthdoy) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED [DIVORCED [papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 1). 8IRTHPLACE (State or foreign country) death during most of working life, even if refired) unem bloc 13. FATHER'S NAME after 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service) 72 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Haa. DUE TO Canditians, if any, which any gove rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Haur a. m. While Not while at work at wark p. m. 21. I certify that I attended the deceased fram. ACTUAL shauld PHYSICIAN'S FUNERAL NAME (Type) n 22b. DATE THEREOF 22g. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE

Day

Doys

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

12. CITIZEN OF WHAT COUNTRY?

ON A FARM?

YES NO

Year

19

Reg. Dist. No.

Month

yrs.

Address

Manths

PERFORMED? YES NO T (County) (Stote) 1957 that I last saw the deceased and that death occurred at _____M, from the causes and an the date stated above. ADDRESS (Street, city or town, stoke DATE SIGNED 22d. LOCATION (City, tawn, or county) (Stote) ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Cirthur & Kraus DATE NOV 1 7 '59

added on	HE OF DEATH		Spirit Bill
	and the contract of the contract of		
a lateral de la			
			A. C. L. of many only
	مدادد	C trail	
		C trail	
	oslave veelersein	Comme	TO THE PERSON OF
	معالودیف محدود جور م	Cocoan	TO THE PERSON OF
THE RESERVE OF THE STREET OF T	معالودیف محدود جور م	Colored States	
	סבל כני ש טכבל כני בים הי	Cococing and a second s	A TOTAL PROPERTY OF THE PARTY O
	مداردری محدود محرر م	Heart of Comments of the Comme	
	Deeler on the second of the se		
	مدردری محدود عمر م مدردری مدرد مدرد	Heart of Comments of the Comme	
	مدردری الاحدود میر ۱۳ الادر ۱۱ - ۱۱ - ۱۱ - ۱۱ - ۱۱ - ۱۱ - ۱۱ - ۱۱	Coordinate The Colors of the C	

VS A15 (4) 15M 10/57

F.	÷	1
cto	3	(
TOR: After this certificate has been signed by the attending physician and campletely filled in by the Mercal director.	detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with	1
To	ef	
Je.	9	
7	SUL	
the	ş	
þ	d 2	
.5	6	
ed	- 5	
Œ	96	
tely	٩	
ple	5	
E	ape	2
70	ď	0
Ē	bar	2
6	500	offe
Sici	A P	11.5
h	DE	ho
g	- Te	73
- j	OSe	
Her	ple	Vith
0	en	+
ţ,	4	to burial, cremation, or remayal, and in any event within 72 hours after death.
â	<u>.</u>	7
ned	erm	0
. S	4	-
6	Suc	0
P	+	ō
has	Ē.	é
e e	þ	F
fice	the	0
ert.	õ	G
2	Se	John
幸	70	ren
Te.	0	1.
TOR: After this certificate has been sign	he	PLIC
S.	ptoc	P
	To To	0

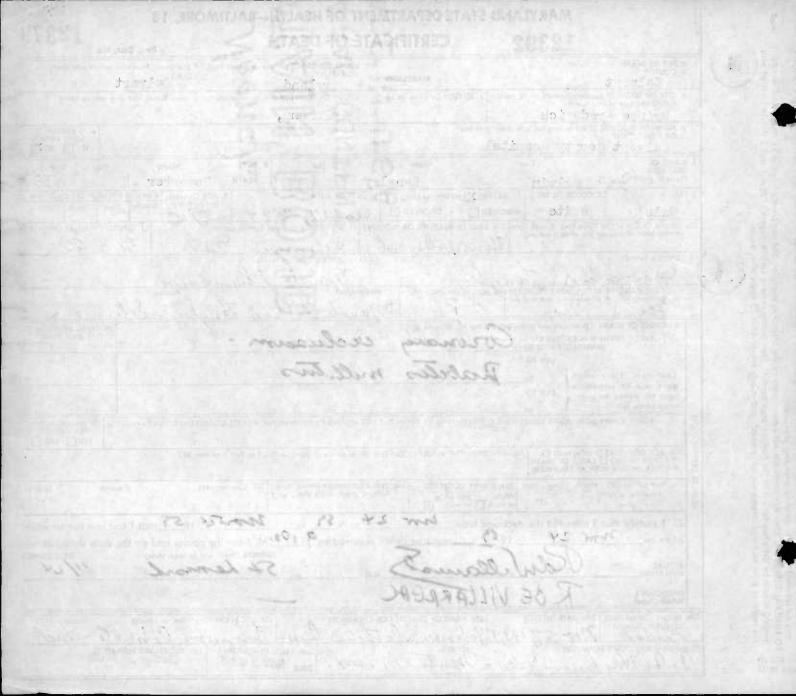
M

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18	3

12392 **CERTIFICATE OF DEATH**

12379 Reg. Dist. No.

1.	PLACE OF DEATH				2. USUAL RE	SIDENCE (Wh	ere deceased li	ived. If institutio	on: Residence be	fore admiss	ion)
	Calver	t		MARYLAN	o. STATE	vland		b. COUNTY	alvert		Sib.
	b. CITY OR TOWN (I RURAL and give no	If outside carporate limi	ts, write c. LENC	GTH OF STAY IN 1			utside corporot	e limits, write RL	JRAL ond give r	nearest town)
L	Prince I	rederick			X Sol	omons,					
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street address)		d. STREET	ADDRESS				e. IS RESI	DENCE
		County Hos	pital								NO T
3.	NAME OF DECEASED (Type or print)	Fir	st	Middle		ost	4. DATE OF DEATH	Mont	- 1	-,	eor 9 59
5.	SEX	6. COLOR OR RACE	7. 444 00150 1	Lang		TH		Novemb	IF UNDER 1 YEA		-
	Male	White	MIDOMED [DIVORCED	i Dec 2	7.18	99	AGE (In years last birthday)	Months Days		Min.
100	during most of work	ON (Give kind of work o	one 10b. KIND OF	BUSINESS OR IN	DUSTRY 11. BIRTH	PLACE (Stole	or foreign coun	itry)	12. CITIZEN	OF WHAT	COUNTRY
			Unen	sploy co	1 do	lomo	200,	nd	21.	S. Q.	
13.	FATHER'S NAME	10	1 01	1	14. MOTHER	'S MAIDEN N	AME		1		
_	Jasip	ek N. Le	malley	,	mo	rude.	Thom	ckson			
1S. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 18. SOCIAL	ECURITY NO. 1	7. INFORMANT	111	1	Addre	ess		
	no	no		7	Mande	Telle	and da	nolec -	. dolor	non	6
		TH [Enter only one co	use per line for (o)	, (b), ond (c).]			•	11		TERVAL BET	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	cou	nary	vecl	user	m.		Of	NSET AND	DEATH
	260x	DUE TO		-	melle						
	Conditions, if o		tha	belis	melli	lus					
	gave rise to i	mmediate (
	lying cause lost.	(c)									
O	PART II. OTH	IER SIGNIFICANT CON	DITIONS CONTRIBL	TING TO DEATH	BUT NOT RELATED	TO THE TERMIN	NAL DISEASE C	ONDITION GIVE	EN IN PART 1(o)	19. WAS A	AUTOPSY
CATION										YES T	NO
CERTIFI	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HO	W INJURY OCCU	RRED. (Enter noture	of injury in P	ort 1 or Port II	of item 18.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea			PLACE OF INJURY	(Home, form,	20f. (City or	town)	(Count)	y)	(Stole)
MED	Hour o.m.	19	While Not	t while work	foctory, street, offi	ice bidg., etc.]	1				
		at I attended the	deseased from	2	24 105	5	non	76.55			
	alive on	2.4	10 S		ath accurred a	2 106	****	24, 1959	,that I last	saw the	decease
	dive dil		- 19	and that dec	oth accurred a	Chillian	M, from t	the causes ar	nd on the d		
	ACTUAL	(Colas	1.000				SL I	er, city or town, s	Tare)	117	TE SIGNED
	SIGNATURE	0 000	vence	100	M.D		77 /	TON			
	PHYSICIAN'S NAME (Type)	KOE	VILLA	RREDU							
220	BURIAL, CREMATIO	N, 22b. DATE THEREO	F 22c. N	ME OF CEMETER	OR CREMATORY	1	22d. LOCATIO	N (City, tawn, or	r county)	(Stote)
	Bernel	100.27	1959 504	mons C	attolic	Cem.	Lolon	ums (about	5 - 71	uch
23.	EUNERAL DIRECTOR	SSIGNATURE	AD	DRESS	25/	240. REC'D	BY REGISTRA	R 24b. REGIST	TRAR'S SIGNAT	URE	
f	J. U. Ita	etering V	2000 - 17	rutural	1 mest.	DATE NO	W 3 0 59	Ch	ilun S. Ili	Salar Salar	



VS A15 (4) 15M 9/55

0

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	E, 18	3
---	-------	---

CEDTIEIC ATE OF DEATH

12380

100	0.0	CERTIFIC	AIL OI DEAIN	,	Reg. Dist. !	lo.
• COUNTY Calver	t	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Mary		institution: Residence bounty Anne A	V
b. CITY OR TOWN (If autside corpora RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN 16	E. CITY OR TOWN (IF or	itside carporate limits,	write RURAL and give	
d. NAME OF HOSPITAL (If not in hos		oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	First Hal	Middle E	losi Owens	4. DATE OF DEATH	Month November	Doy Year 10 19 59
SEX 6. COLOR OR W		HED NEVER MARRIED	8. DATE OF BIRTH Sept. 24, 1	9. AGE (1 last b): 90	n years IF UNDER 1 YE	AR IF UNDER 24 HRS.
Id. USUAL OCCUPATION (Give kind of during most af working life, even if	work done 10b.			ar foreign country)		OF WHAT COUNTRY
. FATHER'S NAME			14. MOTHER'S MAIDEN N			
George W. C WAS DECEASED EVER IN U. S. ARME	D FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT ELLEN A	TWELL	Address	
Conditions, if ony, which)	UE TO		due to cereb:			3 days
			T NOT RELATED TO THE TERMIN			19. WAS AUTOPSY PERFORMED? YES NO
	EATH	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	ort I or Part II of item	1B.)	
20c. TIME OF INJURY Month, Do Haur o. m. p. m.	y, Year 20d. II 19 While of wor	Not while fo	LACE OF INJURY (Home, form, actory, street, office bldg., etc.)		(Coun	ty) (State)
21. I certify that I attended alive on 11-6	d the deceas 3-59, 19		h accurred at 5:45 I	Q.M., fram the co		date stated above DATE SIGNE
NAME (Type)	C. Jett		Ju	nee fr	educk	
Removal (Specify)	HEREOF 59	22c. NAME OF CEMETERY OF	OR CREMATORY	TVd Cys	et .	ud (Stote)
BELLEGAL DIRECTOR'S SIGNATURE	city ble	listille he	240. REC'E	BY REGISTRAR 24	b. REGISTRAR'S SIGNA	

	E OF BEATH		
			Carlo Carlo Carlo Carlo
	There are		
	6282 . L		
		We to be all out to be	
	- mineral rise are		Military of the state of the st
	Dar 25		Magnetic of Section 1
AND SHOWS ASSESSED FOR THE SAME SAME		ACCULATION BATTLE	
			THE WAY TO SELECT A SECURE ASSESSMENT ASSESS
			Land Control of